



Tempe Special Olympics Track and Field Program

AGES: 8 and over

PRACTICE LOCATION: Marcos de Niza High School
6000 S. Lakeshore Dr.

PRACTICE BEGINS: Monday February 13 at 5- 6 P.M.

Registration Deadline: March 6th

REGISTRATION FEE: * \$10

(* Fee assistance forms available):

For more information, call
Yolanda @ 480-858-2417 or
Linda Cano @ 480-858-2469.

Every athlete **MUST** have a current Special Olympics physical on file

Detach and return registration form AND attached supplement to: Tempe Adapted Recreation, 715 W. 5th St., Tempe, AZ 85281

Track & Field Registration 2006 SOTRACK

Participant Name: _____ Date of Birth: _____ Grade: _____

Address: _____ APT #: _____ City: _____ Zip: _____

Phone: Eve: _____ Day: _____ Parent/Guardian: _____

Emergency Contact's Name and Phone: _____
(In case parent/guardian cannot be reached)

T-shirt size S M L XL XXL

Signature: _____

REQUIRED: Parent or Legal Guardian Signature for Participants under 18 years

In Case of Emergency:

Preferred Hospital: _____ Doctor: _____

I hereby give authority to any hospital, doctor, or paramedics to render immediate aid as might be required at the time for his/her health and safety. I understand that the expense of this service will be accepted by me.

- With knowledge and appreciation of the risk of injury, I wish to participate in this Class/Activity. I agree to assume the risk of personal injury while participating.
- I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants.
- I understand that all reasonable efforts will be extended to insure my health and safety.
- If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level.
- I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity.
- I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate: _____

I have read and clearly understand the above statements. I realize this is a contract between the City of Tempe and myself and is a release of Liability. I sign it of my own free will.

Signed (Parent or Legal Guardian for Participants under 18 years)

Date

Consent Form and Photographic Release

Photographic Release

This program is of interest to our community. The local newspapers and television stations occasionally ask permission to photograph the participants at the site when doing reports about recreation activity if the situation presents itself during the course of the program.

I hereby give my consent to the use of television or photographs taken and/or published by the media for such publicity as the City of Tempe Community Services Department and the feel will benefit the work for the developmentally disabled without consideration of any kind. I do hereby release the City of Tempe Community Services Department from any claims, whatever which may arise in said regard.

Pictures taken as part of the Buddy Bowling Program may be used in connection with illustrative or written printed matter, story, or news items. I waive the right to inspect, and/or approve the finished product that may be used.

Signed (Parent or Legal Guardian for Participants under 18 years)

Date